



LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV MEETING MINUTES August 11, 2011

APPROVED
11/4/2011

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i> /Kevin Lewis	Karen Peterson	H. Avilez	Kyle Baker
Michael Johnson, <i>Co-Chair</i>	Juan Rivera	Susan Forrest	Juhua Wu
Sergio Aviña	Stephen Simon	Aaron Fox	Dave Young
Nettie DeAugustine	Robert Sotomayor	Tina Henderson	
Whitney Engeran-Cordova	Carlos Vega-Matos	Tim Hughes	
Douglas Frye	Kathy Watt	Miki Jackson	COMMISSION STAFF/CONSULTANTS
David Giugni	Fariba Younai	Ayanna Kiburi (<i>by phone</i>)	
Terry Goddard		John Leahe	Erinn Cortez
Joseph Green		Darnell Levingston	Jane Nachazel
Thelma James	MEMBERS ABSENT	Brian Lew (<i>by phone</i>)	Glenda Pinney
Lee Kochems	Al Ballesteros	Mary Madrigal	James Stewart
Bradley Land	Anthony Braswell	Ingrid Marchus	Diane Tan
Ted Liso	Jeffrey Goodman	Cara O'Connor	Craig Vincent-Jones
Anna Long	Quentin O'Brien	Tom Proctor	Nicole Werner
Abad Lopez	Tonya Washington-Hendricks	Tania Rodriguez	Adrienne Wynn
Elizabeth Mendia		Michelle Roland (<i>by phone</i>)	
Jenny O'Malley		Edwin Sanchez	
Alberto Orozco/David Kelly		Alejadrina Turnado	
Angélica Palmeros		Brigitte Tweddell	
Mario Pérez		Jason Wise	

- CALL TO ORDER:** Mr. Johnson called the meeting to order at 9:15 am.
 - Roll Call (Present):** Bailey/Lewis, DeAugustine, Goddard, Green, Johnson, Land, Liso, Long, Lopez, O'Malley, Orozco/Kelly, Palmeros, Peterson, Simon, Vega-Matos, Watt
- APPROVAL OF AGENDA:**

MOTION 1: Approve the Agenda Order (***Passed by Consensus***).
- APPROVAL OF MEETING MINUTES:**

MOTION 2: Approve minutes from the 7/14/2011 Commission on HIV meeting with Item 18.D.3 expanded to reflect Mr. Liso's concerns that funding is unsustainable for 1115 Waiver services going forward (***Passed by Consensus***).
- CONSENT CALENDAR:**

MOTION 3: Approve the Consent Calendar with Motions 4 and 5 pulled (***Passed by Consensus***).
- PARLIAMENTARY TRAINING:** There was no training.

6. PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP:

- Mr. Livingston felt African-Americans (A-A), especially heterosexuals, were underserved, particularly in areas of health education and prevention. He urged increased surveillance and needs assessment in the A-A community.
- ➡ OAPP and Commission staff will provide Mr. Livingston information on disease burden and funding, especially among A-A.

7. COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP:

- Mr. Engeran-Cordova noted there have been several anti-gay incidents in Long Beach recently, ranging from graffiti and harassment to physical attacks. He expressed support for Mr. Kochems, who was one of those confronted by anti-gay actions.
- Mr. Green reported APLA and LAGLC hosted "HIV Matters." Herb Schultz, Health and Human Services (HHS), and Julie Cross, OAPP, provided an overview of the Bridge to Health Care Reform (HCR) for over 200 people at the Center. He thanked Commission staff for training on HCR over the last five months, which helped him understand the presentations.

8. CO-CHAIRS' REPORT:

A. Annual Meeting/Joint Commission/PPC Meeting:

- Mr. Vincent-Jones reported the meeting was first scheduled for 9/29/2011 to inform comprehensive care and prevention planning and to initiate integrated care and prevention planning. Due to a CDC site visit, it will be rescheduled. The new date will likely be in lieu of the October Commission meeting.

B. Miscellaneous:

- Mr. Johnson noted Motion 6 on the Consent Calendar confirmed nominations including for new members Dr. Cadden, Rand Schrader; Dr. Espinoza, AETC; and Mr. Sanchez, consumer; and renewals for Mr. Rivera and Dr. Younai.
- He especially thanked Mr. Goodman for his years of service to the Commission, including his rich insights into services. He and Dr. Younai both applied for the Provider SPA 5 seat. As in the past, when there were two high-scoring applicants, the candidate with the highest score is nominated.

9. EXECUTIVE DIRECTOR'S REPORT:

A. HUD/HOPWA Grant Application:

- Mr. Vincent-Jones reported that the Commission had submitted the application on behalf of HIV housing and services interests in Los Angeles County, including OAPP, Los Angeles Housing Services Administration (LAHSA) and Housing Opportunities for People With AIDS (HOPWA). The grant is a Special Project of National Significance (SPNS) integrated program intended to prompt comprehensive HIV housing, care and treatment planning.
- He thanked Ms. Pinney for leading grant development on a tight schedule. He also thanked planning partners, especially Mr. Goddard, Alliance for Housing and Healing, which will serve as the project sponsor. Application results should be available by 9/30/2011.
- He also thanked the Commission's two UCLA master degree program interns, Ms. Tan and Ms. Wynn. They have worked on the HUD/HOPWA grant and many other projects, including the Comprehensive Care Plan, the Nutrition Support Study, the Hospice/Skilled Nursing Study, and the Evaluation of Service Effectiveness. Their internships officially end 9/9/2011.

10. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. OA Work/Information:

- Ms. Kiburi, Chief, HIV Care Branch, reported working collaboratively with Low Income Health Program (LIHP) partners to identify policy concerns about implementation and conflicts with the Ryan White (RW) Program, especially Part B. Many questions and answers about LIHP implementation have been posted on the OA website.
- HIV Care Branch staff has completed all required FY 2009 site monitoring visits. A new monitoring tool is being piloted this month that incorporates HRSA's monitoring standard. Once piloted, the HIV Care Branch will work with OAPP and other contractors to finalize the tool and coordinate a site monitoring schedule to reduce contractor burden.
- Ms. Kiburi said HRSA still has not provided a timeline for the final FY 2011-2012 Notice of Grant Award (NGA). OA has sent out allocations based on the FY 2010-2011 award, but these may be adjusted once the final NGA is received.
- Mr. Lew, Chief, Prevention Branch, updated work on the new primary 2012-2016 Federal funding grant for HIV prevention, released about four weeks ago. California, Los Angeles and San Francisco are all funded for it.

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- The Funding Opportunity Announcement (FOA) grant goals are consistent with National HIV/AIDS Strategy (NHAS) goals to reduce infections, increase access to care and improve health outcomes, reduce HIV-related disparities, and achieve a more coordinated national response to the epidemic. The goals are also OA's.
- The OA application will emphasize the following: medical and targeted HIV non-medical testing, linkage to care and other services for the newly diagnosed, Partner Services from testing through care and treatment, retention in care/medical adherence and re-engaging those who have fallen out of care, enhancing syringe access and related activities, condom distribution to PLWH and high-risk negative people, and addressing structural and policy issues. The latter may include, e.g., HCR preparedness and state/local implementation of AB 2541 on public health use of surveillance data.
- If key goals are met, OA funded partners can address secondary goals such as CDC-approved social media; STD, TB and Hepatitis testing; and support of Local Health Jurisdiction (LHJ) planning of PrEP for high-risk negative people.
- The CDC has clarified in this FOA that funding for a state or county jurisdiction is intended to adequately fund it. OA will therefore not fund Los Angeles and San Francisco Counties, separate Metropolitan Statistical Areas (MSAs) which are eligible to apply independently. Los Angeles has elected to fund Pasadena and Long Beach within its MSA, but San Francisco elected not to fund San Mateo or Marin so those areas will be funded by OA.
- OA will continue to coordinate with Los Angeles and San Francisco while recalculating allocations to reflect the epidemic in other areas. It is likely more funds will be available for areas funded now and more areas may be funded.
- Dr. Roland, Director, OA, noted that implementing the LIHPs for RW populations are difficult for all the state and local health care partners. OA is trying to ensure it is compliant with RW grant requirements including "payer of last resort," while facilitating communication and policy decision-making for the benefit of Part A, B and C grantees.
- The first of two OA-hosted conference calls included Part B grantees, local LIHP administrators and several advocates. Participants requested that OA facilitate Part A grantee coordination. OA used that request to secure HRSA participation in a second call that included Part A/C grantees and defined policy issues for HRSA to address.
- All grantees received a letter from HRSA this week that addressed most policy issues raised, e.g., on timing for screening. HRSA said LIHP can just be added to the standard eligibility screening methodology for existing RW clients. OA will add a brief guidance memorandum on that which will also note OA is planning a future shift from annual to bi-annual eligibility screening to bring OA into compliance with HRSA requirements and to reflect HRSA emphasis on monitoring.
- HRSA has not yet answered OA's request for a grace period to allow a client to continue receiving services at a RW clinic that is not a LIHP contractor but is working with LIHP to become one. That would support client continuity of care.
- Dr. Roland noted a new LIHP section on the OA website. It is updated regularly including FAQs from the calls and information to aid communication between LIHP and RW providers, e.g., ADAP fiscal information and HIV care program contact information. Information on LIHP/providers in the first ten counties will be available on the site soon.
- Expansion of OA-HIPP eligibility began 7/5/2011. OA has already processed 56 new applications. The program had had just 150. Enrollment sites have almost doubled from 48 to 95 and 210 new enrollment workers have been trained.
- OA-PCIP, which pays PCIP premiums, is almost ready with an interagency agreement nearly finalized. Meanwhile, 73 enrollment workers have been trained. There is information on OA-HIPP and OA-PCIP on the website.
- Mr. Engeran-Cordova asked about the CDC funding guidance change. Dr. Roland said the CDC is funding more LHJs. State areas exclude MSAs based on its data. States with MSAs must provide a cooperative letter.
- Mr. Land asked about ADAP for those migrating to LIHP. Dr. Roland said ADAP enrollees will do eligibility screening the same except that it will include LIHP. Those potentially eligible must apply. ADAP will continue as eligibility is assessed. ADAP backfills Medi-Cal for the assessment period if a person is found eligible. There may be a similar process for LIHPs.
- Dr. Roland said OA understands that Centers for Medicare and Medicaid Services (CMS) formulary requirements require LIHPs to provide all "medically necessary" medications, so they are likely to include all ADAP formulary medications. If a LIHP client cannot access an ADAP medication, then ADAP could provide it as payer of last resort.
- Mr. Land expected LIHPs to save RW funds and suggested redistribution to LHJs rather than returning savings to HRSA. Dr. Roland said non-ADAP RW savings would be reallocated to HIV care program unmet needs such as oral health, substance abuse and mental health. Federal ADAP savings will impact the general fund estimate of need. There have been requests to use general fund savings to help counties, but that would require legislative action.
- Ms. DeAugustine felt the CDC FOA roll-out was disrespectful. She heard about it just in the past week when OAPP called for the Long Beach scope of work. As a long-standing separate LHJ, Long Beach should have included in discussions on ending its direct State funding. Dr. Roland apologized and urged Ms. DeAugustine to talk with Mr. Lew and Sophia Rumanes, OAPP, as work on the FOA was not final. She added the City of Pasadena could also participate in those calls.

- ➡ Dr. Roland noted LIHP has an email address. Questions about how LIHP implements its programs should be sent there. OA would appreciate a copy of such emails to stay aware of issues. Ms. Kiburi will forward the LIHP email address.

B. California Planning Group (CPG): Ms. Kiburi reported progress from the five work groups, e.g., developing objectives, drafting new CPG structure documents, which will be available soon, and gathering needs assessment data from the survey distributed to local jurisdictions. The HRSA deadline was extended from January to June 2012.

11. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez announced Dr. Jonathan Fielding, Director, Department of Public Health (DPH) and Health Officer, Los Angeles County, confirmed that the Chief Executive Office approved his recommendation to align the STD Program, the HIV Epidemiology Program (HEP) and OAPP into one division. The Division of HIV/STD Programs was effective as of 8/2/2011.
- Mr. Pérez reported OAPP had not yet received its NGA for the fiscal year that began 3/1/2011, but HRSA has called with updates and it could be received 8/12/2011. Dr. Deborah Parham Hopson, Associate Administrator, HIV/AIDS Bureau, HRSA, has personally called the six jurisdictions with reductions. Los Angeles did not receive a call, which is a good sign.
- The CDC released domestic incidence estimates last week. Infections overall seem to be declining except in some groups, especially A-A and an increase among MSM and MSM/W. Dr. Frye is comparing Los Angeles data to national trends.
- Mr. Pérez reported daily calls continue among OAPP, the Department of Health Services (DHS) and federal policy makers on the LIHP migration. OAPP estimates about 6,000 RW clients are eligible to migrate, but there is confusion about the process, including the Healthy Way LA (HWLA) network, e.g., seven current large RW providers are not part of HWLA.
- OAPP understands HRSA's expectation to move from annual to bi-annual RW eligibility screening and bi-annual State expectations for ADAP and LIHP eligibility. OAPP is developing less aggressive proposals to hopefully satisfy its State and Federal partners without the major impact on provider capacity and client burden posed by so many screenings.
- Mr. Johnson added that RW providers were not part of original HWLA screening training. Once providers do a screening, it goes to DHS for completion and entering. DHS has launched an effort to increase staff to perform those functions, including a request for volunteers.
- Another key issue is that RW clients migrating to LIHP will reduce ADAP funding. Full reimbursement to the County is unlikely due to a cap on the LIHP pool which includes a 50% match from the County and Federal governments. It is estimated that the gap will exceed \$40 million. Mr. Vega-Matos and others are doing a report this month on fiscal impacts, e.g., RW savings and provider budgets.
- Mr. Engeran-Cordova urged the community to remember it sought expanded health care access as issues are addressed. He also asked how test kits will be distributed under the new CDC FOA. Mr. Pérez replied the CDC historically funded 65 jurisdictions for prevention with 50 states, islands such as Puerto Rico, and areas such as Los Angeles. The HIV Prevention Guidance was revised to add four high burden jurisdictions and adjust resources to others. Some states were capped, but California, Texas and New York will receive direct CDC funding, as well as direct funding to LHJs such as Los Angeles.
- Los Angeles County geographically includes the Long Beach and Pasadena LHJs. OAPP intends to seek the County's eligible maximum funding starting 1/1/2012 to reflect 37% of California's HIV burden. OA will no longer fund transfer resources to the County. If California has funds remaining after OA's statewide allocation, then OAPP could apply for those.
- OAPP will continue to coordinate work with OA and other areas such as San Diego, e.g., in sharing best practices.
- Mr. Vincent-Jones noted P-and-A is done a year in advance, revised after award receipt and reviewed near fiscal yearend. The FY 2011 NGA is late but, with major change unlikely, few revisions are expected. The FY 2012 P-and-A will address system changes.
- Mr. Land said the HIV community advocated to develop ADAP funds, so it must work to ensure funds are not diverted to other uses. Mr. Pérez noted ADAP is funded through RW Part B, the State's general fund and rebates from pharmaceutical companies based on the purchase of antiretrovirals. He agreed it is legitimate to question use of State general fund ADAP savings generated by migration to a Medicaid program funded by 50% each from the Federal and county governments. Such savings could help counties cover significant unanticipated pharmaceutical costs. That is a matter for advocates.

12. PREVENTION PLANNING COMMITTEE (PPC) REPORT: Ms. Watt reported the Annual New Member Orientation would be 8/12/2011, St. Anne's Maternity Home. The new Prevention Planning guidance will be introduced along with its understanding of "community engagement" and the funding process. Topics will also cover the PPC committee structure and work processes.

13. HIV EPIDEMIOLOGY PROGRAM (HEP) REPORT:

- Dr. Frye, Director, reported eHARS will migrate to the State in September 2011. The testing process begins 8/15/2011. The relationship between the jurisdictions should be unchanged with the same administrative rights.
- Nine staff attended the surveillance workshop in Atlanta in July. Dr. Frye was elected an officer of the CSTE Subcommittee for HIV surveillance, which offers a viewpoint more national in scope. He has been a member of the subcommittee for several years.
- HEP is being written into grants for the new Division of HIV/STD Programs, so may be able to fund more surveillance staff.

14. TASK FORCE REPORTS:

- A. Community Task Forces:** There were no reports.
- B. Comprehensive Care Planning Task Force:** Ms. Watt noted meetings are on hold until after the Annual Meeting.
- C. Commission/PPC Integration Task Force:** Mr. Vincent-Jones reported identification of Testing and Linkage to Care Plus (TLC+) factors is almost complete. The Task Force expects to present the full plan at the Annual Meeting.
- D. Health Care Reform Task Force (HCR TF):** The next meeting will be 8/12/2011, 9:30 to 11:30 am.
 - 1. **Health Care Reform Briefs:** Ms. DeAugustine noted briefs from the Task Force in the packet. One addresses potential impacts on P-and-A due to initiation of LIHPs.
 - 2. **Low Income Health Programs (LIHPs):** Two planned briefs will offer more LIHP information and a consumer guide.

16. STANDING COMMITTEE REPORTS:

- A. Priorities & Planning (P&P) Committee:** Commissioners stated their conflicts prior to P&P deliberations.
 - 1. **FY 2012 Priority- and Allocation-Setting (P-and-A):**
 - Mr. Land noted the Commission approved a two-year P-and-A cycle on 5/12/2011 which alternates comprehensive with abbreviated procedures. The P-and-A process is in the second year of this year's process. While it does not require priority review, P&P chose to review them in light of HCR implementation and made the following adjustments:
 - Treatment Education: Moved up to 4 from 16 to assist special populations who experience barriers with entry into care services and is performed outside of medical settings;
 - Early Intervention Services (EIS): Moved up to 5 from 11 to better align the large portion of EIS that is medical outpatient with Medical Outpatient/Specialty (MO/S);
 - Medical Nutrition Therapy (MNT): Moved up to 10 from 18 as it is a critical component in HIV medical care and LACHNA data indicates significant unmet need;
 - Health Insurance Premiums/Cost-Sharing (HIP/C-S): Moved down to 16 from 4 as, while it enables access to alternate medical care, it is a service needed by a smaller share of patients/clients.
 - Regarding allocations, Mr. Land reported P&P chose to develop a contingency funding framework to address the two major variables of patient enrollment in HWLA and potential funding reductions.
 - OAPP estimates up to 6,000 RW patients may be eligible for LIHP, but P&P expects Implementation delays and a gradual process will limit FY 2012 enrollment to 5,000 at most. Migration of patients into the LIHP will result in cost savings to the RW system.
 - P&P will begin contingency planning at its 8/23/2011 meeting. Three contingencies have been determined for migration reflecting 0 to 1,000 RW patients, 1,001 to 2,500 patients and 2,501 to 5,000 patients.
 - Neither Federal nor State funding increases are likely. Should any occur, P&P will reconvene to allocate such funds. Contingencies focus on possible reductions of 0% to 7%, 7.1% to 15% and more than 15%.
 - Base Funding Allocations will be determined for the first scenario, which is a scenario in which 0 to 1,000 patients enrolled in HWLA and 0% to 7% funding reductions. OAPP will use these allocations to prepare the RW grant application.
 - The remaining eight scenarios will be addressed with service funding directives rather than detailed allocations. Directives offer flexibility to address migration patterns as it develops and time for contract and provider adjustments.
 - P&P reviewed significant information to develop the FY 2012 Base Funding Allocation recommendations: priority rankings; Consumer Caucus and OAPP recommendations; HCR TF guidance; FY 2009 Service Utilization and FY 2010 Financial Expenditure Reports, OAPP; preliminary FY 2011 LACHNA findings; and alternate funding sources.

- All 10 P&P voting members participated in developing the unanimously approved recommendations to adjust the FY 2011 allocations as noted:
 - MO/S, Priority 1: Increased 0.5% (57.3% to 57.8%) with a directive to use increase for Treatment Adherence in geographic population clusters with poor adherence;
 - Oral Health (OH), Priority 3: Increased 3.8% (3.7% to 7.5%) to maintain FY 2011 2.0% increase funded by one-time MAI carryover funds and expand 1.8% to address the highest unmet need of any LACHNA category;
 - EIS, Priority 5: Reduced 1.0% (2.0% to 1.0%) due to funds through MAI, lower utilization since the 2009 end of State funding including loss of a contractor that voluntarily ended its \$1 million contract, comparatively poor effectiveness, and the SOC Committee initiative to redefine EIS as part of the new Linkage to Care category;
 - Substance Abuse (SA), Residential, Priority 11: Reduced 1.3% (5.9% to 4.6%) due to underspending/under-utilization, current lack of strong outreach components and OAPP work on more effective evidence-based strategies, and other funding such as Substance Abuse Prevention and Control (SAPC) and SAMHSA;
 - HIP/C-S, Priority 16: Reduced 1.0% (1.0% to 0.0%) as it is not yet implemented, is being combined with Benefits Specialty by SOC and the State is expanding OA-HIPP;
 - Hospice and Skilled Nursing, Priorities 19 and 21: Combined allocations reduced 1.0% (1.5% to 0.5%) due to no current contractors, underspending/underutilization, other funding such as Medi-Cal; increase in RCFCI funds for hospice and a shift to HIV/cultural sensitivity training for existing non-HIV hospice/skilled nursing facilities.
- Ms. Watt praised the work, but said the best SA, Residential outreach is via intake screening as clients deny issues.
- Mr. Sotomayor asked about HWLA enrollment. Mr. Land replied it began 7/1/2011, but is proceeding slowly so migration data will emerge over time. Undocumented RW clients will remain in the RW system of care.
- Next steps starting at the 8/23/2011 meeting are: develop directives for contingency funding scenarios 2 through 9, evaluate/modify the 2008-2011 MAI Plan, review/modify the SPA 1 threshold modification, consider if/when to submit a core medical services threshold waiver to HRSA, and determine other P-and-A directives, if needed.
- ➡ OAPP will work with Commission staff to provide monthly written migration updates with key dates.

MOTION 4: Approve the FY 2012 priority rankings, as presented (**Passed: 23 Ayes; 0 Opposed; 0 Abstentions**).

MOTION 5: Approve the FY 2012 base funding allocations, as presented (**Passed: 23 Ayes; 0 Opposed; 0 Abstentions**).

2. FY 2010 Financial Expenditure Reports:

- Mr. Young noted previously there was one schedule for Parts A and B with a separate one for MAI. The different grant cycles for Parts A and B made it difficult to track expenditures, so schedules have been revised to provide a separate schedule for Parts A, B and MAI as well as a summary schedule.
- Schedules reflect approved percentages and allocations as well as actual expenditures, the full year estimate and the estimated variance between total allocations and the full year estimate for each category.
- Allocations are targets, but can be overspent if contracts exceed them. If a category is overspent, then another category will be underspent for a net zero variance to maximize the grant overall.
- The YR 20 Part A grant ended 2/28/2011 and was recently finalized with all \$36.9 million spent. A final report will be presented at the next P&P meeting. Footnotes provide additional report information such as categories with allocations split among multiple grants and, on the Summary Report, details about some categories.
- Mr. Engeran-Cordova sought improved facility in carrying data across schedules. Mr. Vincent-Jones noted the new format was designed to help in that regard. He added that the Commission has repeatedly asked him to make the financial reports more understandable and transparent, which is nearly impossible in a single format given the Commission must plan for two funding sources (Part A/MAI and Part B) with three funding cycles (Part A/MAI, Part B, and County), while reviewing additional funding sources with different funding cycles.
- ➡ Mr. Young will add "including administrative costs" to clarify the Column 5, Total YTD Expenditures footnote on reimbursements/payments to subcontracted agencies/vendors.

3. FY 2008-2010 Annual Reports:

- Mr. Young presented the Reports on overall OAPP spending for care/treatment, prevention and administration.
- The funding summary provides a comparison of FYs 2007-2008, 2008-2009 and 2009-2010 to highlight trends.
- Mr. Engeran-Cordova asked about the three-year increase in NCC administration costs. Mr. Young replied NCC is used for costs beyond the administration cost caps commonly imposed by grants. The funding summary does not break out NCC general administration from program, program support and administration detailed in the actuals.
- An actual expenditure summary for each of the three years breaks out salaries, employee benefits, services and supplies including contracts and Departmental Service Orders (DSOs) which are agreements with other County providers. Overall spending in these categories has declined over the years from \$87.1 to \$79.0 million.

- ➡ Mr. Young will add the two applicable RW years to each actual expenditure summary.

B. Standards of Care (SOC) Committee:

1. **Pol #05.8001: Grievance Process:** Dr. Younai opened the Policy for public comment until 10/31/2011. Procedures are not yet complete, but will be presented with a presentation at a subsequent Commission meeting. The Policy delineates types of grievances that can be brought to the Commission and levels of resolution.
2. **Standards of Care:**
 - Ms. Palmeros reported SOC OAPP is consolidating 15 standards into seven. Other standards may be considered for consolidation in the future. Consolidating standards will make them more manageable and adaptable to support adoption by other health care systems. Current proposed consolidations are:
 - **Linkage To Care (LTC)** combines treatment education (adherence outside clinical settings to link/retain PLWH in care); Outreach, to link newly diagnosed to care, retention and address unmet need; and EIS as a program model with MO/S, Medical Care Coordination (MCC) and LTC components, each component to be paid for from each respective service category. Changes are consistent with TLC+, unmet need and Early Identification of Individuals with HIV/AIDS (EIIHA) goals.
 - **Housing Support** combines Case Management, Housing, which enables clients to find/secure transitional permanent housing, and Direct Emergency Financial Assistance (DEFA), financial support for housing. Changes improve consistency with HOPWA.
 - **Benefits Support** combines Benefits Specialty, secondary-level services to help clients enroll in benefits, and HIP/C-S, financial assistance to maintain alternate health care through Benefits Specialists.
 - **Home-Based Care** combines Case Management, Home-Based and Home Health Care. There is no Home Health Care standard, but the two services are offered together and combining them reflects the continuum of care.
 - **Long-Term and Palliative Care (LTPC)** combines Hospice and Skilled Nursing. While distinct service models, both services address patients' long-term and palliative needs and patients often migrate between them. Changes are consistent with services offered by other healthcare systems and serving an aging population.
 - **Mental Health** combines Mental Health, Psychotherapy and Psychiatry. Psychiatry has historically been offered in clinical and Psychotherapy in psychosocial settings, but the distinction is fading with HCR and possible RW changes. Changes are consistent with other healthcare systems which offer services together.
 - **Substance Abuse** combines Substance Abuse, Residential and Treatment. Changes are consistent with the continuum of substance abuse care and treatment services. Other residential services have been combined.

C. Operations Committee: Ms. O'Malley reminded those with overdue renewal applications to turn them in promptly. Mr. Johnson noted Fredy Ceja has resigned from the Commission. Nominations have been opened for his Co-Chair seat.

1. **Commission Membership Nominations:** Ms. O'Malley complimented new and returning candidates.
MOTION 6: Nominate Joseph Cadden, MD, to the Health Care Provider seat; Lilia Espinoza, PhD, to the AETC/Medical School seat; Juan Rivera to the SPA 2 provider representative seat; Edwin Luis Sanchez to the District 1 consumer representative seat; and Fariba Younai, DDS, to the SPA 5 provider representative seat; and forward nominations to the Board of Supervisors for appointment (**Passed as part of the Consent Calendar**).
2. **Pol #09.1007: Community Member Appointments:** There was no additional discussion.
MOTION 7: Approve Policy/Procedure #09.1007 (Community Member Appointments), as presented (**Passed as part of the Consent Calendar**).
3. **Commission New Member Orientation:** The next Orientation will follow the 9/8/2011 Commission meeting.

D. Joint Public Policy (JPP) Committee:

1. **Medi-Cal Co-Payments/Cost-Sharing:**
 - Mr. Simon noted a letter in the packet from six HIV organizations to the Centers for Medicare and Medicaid Services (CMS) opposing unaffordable and possibly illegal cost-sharing to be imposed on Medi-Cal beneficiaries via AB 97, the health care budget trailer bill, signed 3/24/2011 and triggered when the State budget was signed.
 - Once triggered, the California Department of Health Care Services (DHCS) submitted its requests for State plan amendments. Requests include co-payments for doctor and clinic visits, prescription medications, emergency room visits and inpatient hospital stays with no out-of-pocket maximum. Physician visits are capped at seven per year. A physician must indicate need for any additional visits and Medi-Cal must agree.
2. **Ryan White Reauthorization (RWR) 2013:** Mr. Simon noted the outline of 2008 Ryan White Reauthorization Principles versus proposed 2013 document changes. The RWR Task Force will meet 8/24/2011 to continue work on the draft.

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3. *Miscellaneous:*

- Mr. Simon noted the Legislature will return from recess 8/15/2011, so legislative activity will increase after that.
- Governor Brown vetoed AB 96, Adult Day Health Care, because he felt there were better ways to ensure services are maintained. The Commission supported AB 96. JPP will continue to track adult day health care developments.
- Mr. Simon announced Mr. Fox was elected Co-Chair and, as such, will sit on the Executive Committee. Mr. Vincent-Jones added he will also sit at the Commission table as Co-Chair. Mr. Fox is the first PPC member who is not also a Commissioner to become JPP Co-Chair under its special provisions as a joint Commission-PPC body.

17. CAUCUS REPORTS:

A. Latino Caucus: The PPC's Latino Task Force has been folded into the Latino Caucus. Mr. Aviña reported the Caucus will be meeting within the next two months. An update will follow.

B. Consumer Caucus:

1. **HIV Primary and Specialty Care:** Topics at the 7/21/2011 meeting included the primary versus specialty care editorial by Dr. Mitchell Katz, Director, DHS. Dr. Kathleen Clanon's 8/4/2011 presentation on the topic was in the packet.
2. **FAIR Request to Appropriations Committee:** Mr. Liso called attention to the 5/25/2011 Fair Allocations in Research (FAIR) Foundation letter to the Senate and House Appropriations Committees urging major cuts to HIV/AIDS funding.
3. **HIV Services Roundtable:** The last of the cycle of Roundtables was held in SPA 7. Mr. Land thanked Mr. Pérez and OAPP for providing the unique opportunity for all in the County to meet their Administrative Agency Director and key staff. The Caucus is considering how best to foster community engagement going forward.

18. SPA/DISTRICT REPORTS: There were no reports.

19. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. Department of Mental Health (DMH):

- Mr. Vincent-Jones noted the Commission cannot address contract issues, but can advocate for an orderly transition of services. After Dr. Madrigal requested help at the 7/14/2011 meeting, it sent a letter to DMH to ensure proper client transition if MHO did not secure alternate funding. DMH will continue to update the Commission. Both letters were in the packet.
- Ms. Marchus, DMH, reported DMH is working with DHS and the Department of Public Health (DPH) to assist Substance Abuse Foundation (SAF) of Long Beach, Minority Health Outpatient Clinic (MHO) transition its clients to HIV mental health services in SPA 8. Cathy Warner, DMH Adult Systems of Care Deputy Director, will meet with Dr. Madrigal, MHO, to begin planning the transition. The 8/9/2011 response to the Commission assistance request provides details.
- Mr. Johnson said Long Beach Commission representatives have also reached out, e.g., he met with the St. Mary Medical Center CARE Program CAB. It is contacting MHO to help clients transition into peer and other support services.

20. COMMISSION COMMENT: Mr. Aviña complimented Mr. Pérez on his National Council of La Raza presentation in Washington.

21. ANNOUNCEMENTS:

- Ms. James noted the 8/15/2011 Women's HIV Annual Summit at the California Endowment with Mr. Simon, welcome, and Dr. Espinoza, workshop presentation. Lunch is provided, so registration is requested. Flyers were on the resource table.
- She noted JWCH, Inc. will host a Community Resource Fair, 8/12/2011, 10:00 am to 2:00 pm. There will be staff to enroll people in Medi-Cal, free hair cuts and a raffle. Flyers on the resource table detail what to bring for Medi-Cal sign-up.
- Mr. Aviña said the Ladies Of Diversity (LODi) SPNS project at JWCH, Inc. was implemented five months ago and has enrolled approximately 40 women of color with HIV+. LODi targets A-A and Latina women using peer advocates to engage them in care. To enroll women at risk of falling out of care or who have fallen out of care, contact Dr. Tina Henderson or Mr. Aviña.
- He invited all to COFEM, Federation of US and Mexico, 8/13-14/2011, Olvera Street, 11:00 am to 8:00 pm. The new Consul General of Mexico is collaborating with many Latino advocacy and health education groups for the event.
- Ms. Bailey announced the AIDS Research Alliance dinner and silent auction honoring Drs. Michael Gottlieb, Wilbert Jordan and Robert Winters at the Cicada Restaurant, Oviatt Building, 10/13/2011. Flyers were on the resource table.
- Mr. Land noted LifeGroup LA will host a Poz Weekend, 8/27-28/2011, Long Beach. He encouraged consumers to attend to uplifting event. LifeGroup LA and Being Alive LA helped sponsor many of the Roundtables.

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- Mr. Simon said as AIDS Coordinator, City of Los Angeles, he is part of the Executive Team, Department on Disability. He speaks with many disability services including Access Services which provides inexpensive transportation. They would like to present to the Commission as they believe their services are underutilized. Mr. Land noted difficulties in the past.
- Mr. Pérez announced the local Women and HIV Task Force independently produced a video to challenge people to action on the National HIV/AIDS Strategy. The video has been accepted by Health and Human Services (HHS) and OAPP is working to have it added to the www.aids.gov website. He complimented Ms. James for her work on the project.
- ➡ Mr. Simon will coordinate with staff to agendaize an Access Services presentation to the Commission.
- ➡ Ms. James will send the video link to Mr. Vincent-Jones for distribution.

22. ADJOURNMENT: Mr. Johnson adjourned the meeting at 1:05 pm in memory of all our caregivers including those with “four paws.” It is important to remember that what keeps a person wanting to get treatment, get sober and stay alive is unique to that person. He noted that friends had given him a dog that saved his life, who, after 17 years, had passed.

A. Roll Call (Present): Aviña, Bailey/Lewis, DeAugustine, Frye, Goddard, Green, James, Johnson, Kochems, Land, Liso, Long, Lopez, Mendia, O’Malley, Orozco/Kelly, Pérez, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Watt, Younai

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve minutes from the 7/14/2011 Commission on HIV meeting with Item 18.D.3 expanded to reflect Mr. Liso's concerns that funding is unsustainable for 1115 Waiver services going forward.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve the Consent Calendar with Motions 4 and 5 pulled.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 4: Approve the FY 2012 priority rankings, as presented.	Ayes: Aviña, Bailey, DeAugustine, Engeran-Cordova, Green, Goddard, James, Johnson, Kochems, Land, Liso, Long, Lopez, Mendia, O'Malley, Orozco, Palmeros, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Younai Opposed: None Abstention: None	MOTION PASSED Ayes: 23 Opposed: 0 Abstention: 0
MOTION 5: Approve the FY 2012 base funding allocations, as presented.	Ayes: Aviña, Bailey, DeAugustine, Engeran-Cordova, Green, Goddard, James, Johnson, Kochems, Land, Liso, Long, Lopez, Mendia, O'Malley, Orozco, Palmeros, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Younai Opposed: None Abstention: None	MOTION PASSED Ayes: 23 Opposed: 0 Abstention: 0
MOTION 6: Nominate Joseph Cadden, MD, to the Health Care Provider seat; Lilia Espinoza, PhD, to the AETC/Medical School seat; Juan Rivera to the SPA 2 provider representative seat; Edwin Luis Sanchez to the District 1 consumer representative seat; and Fariba Younai, DDS, to the SPA 5 provider representative seat; and forward nominations to the Board of Supervisors for appointment.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED
MOTION 7: Approve Policy/Procedure #09.1007 (Community Member Appointments), as presented.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED